



## Internal Routing Form

### Principal investigator/Project director:

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Department: \_\_\_\_\_

Rank or Title: \_\_\_\_\_

### Sponsor/Funding agency:

Sponsor name: \_\_\_\_\_

Sponsor type: \_\_\_\_\_

Sponsor contact name: \_\_\_\_\_

Sponsor contact title: \_\_\_\_\_

If subcontract to Framingham State, name of originating funder: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### Submission information:

Due date: \_\_\_\_\_ Request for Proposal (RFP) no.: \_\_\_\_\_

Catalog of Federal Domestic Assistance (CFDA) no.: \_\_\_\_\_

### Project information:

Project title: \_\_\_\_\_

Project Budget: \_\_\_\_\_ Start date: \_\_\_\_\_ End date: \_\_\_\_\_

Cost sharing by college: Yes: ( ) No: ( ) Cash: \_\_\_\_\_ In-kind: \_\_\_\_\_

Are indirect costs allowed?: Yes: ( ), % \_\_\_\_\_ Amount requested: \_\_\_\_\_ No: ( )



# Framingham

## State University

Are you requesting a reduced teaching load? Yes: ( ) No: ( ) If so, how much?: \_\_\_\_\_

Is the cost of the reduced teaching load covered in the grant budget? Yes: ( ) No: ( )

Does the project require additional college resources? Yes: ( ) No: ( )

If yes, please explain: \_\_\_\_\_

### **Compliance information:**

Human subjects? Yes: ( ) No: ( ) IRB Protocol Number: \_\_\_\_\_

Curr. approval date: \_\_\_\_\_

Vertebrate animals? Yes: ( ) No: ( ) IACUC Protocol Number: \_\_\_\_\_

Curr. approval date: \_\_\_\_\_

### **Additional reviews and attachments:**

Does this project include additional key Framingham State University personnel?:  
Yes: ( ) No: ( )

If yes:

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Department: \_\_\_\_\_ Project role: \_\_\_\_\_

Does this project include subcontracts to other institutions?: Yes: ( ) No: ( )

If yes:

Subcontract Contact Name/Investigator: \_\_\_\_\_

Subcontract Contact Title: \_\_\_\_\_

Name of institution: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_



**Investigator Certification:**

*Principal Investigator Certification:*

The project costs requested in this application are necessary to perform the grant activities and have been justified in the accompanying narrative portion of the application. The salaries requested reflect the institutional base salary and appropriate escalation factor for each individual to be effective during the proposed time period.

The investigators certify by their signature below that the above statements are complete and accurate.

Principal Investigator: \_\_\_\_\_ Date: \_\_\_\_\_  
(signature)

Co-Principal Investigator: \_\_\_\_\_ Date: \_\_\_\_\_  
(signature)

**Required Approvals:**

*Departmental Approval:*

The Department Head or Center Director confirms by his/her signature below that the submission of the proposal referenced on this form, including the budget, scope of work and any and all conditions described on additional review attachments, has been approved.

Dept. Head/Ctr. Dir.: \_\_\_\_\_ Date: \_\_\_\_\_  
(signature)

Dean: \_\_\_\_\_ Date: \_\_\_\_\_  
(signature)

Executive Staff: \_\_\_\_\_ Date: \_\_\_\_\_  
(signature)

*OGSP Approval:*

Office of Grants and Sponsored Programs

OGSP: \_\_\_\_\_ Date: \_\_\_\_\_  
(signature)

Date Submitted: \_\_\_\_\_ Date Received: \_\_\_\_\_

Amended: 5/1/15